

## **Iowa Retirement Investors' Club** (RIC) 457/401a Plans

Look *forward* to retirement!

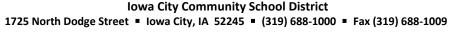
## **Iowa City Community School District RIC Account Form**



Personal Information	Name						ecurity #			
					МI			Existing accounts need last 4 digits only  StateZip		
						Phone (cell)				
	The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see <a href="https://das.iowa.gov/RIC/PSE/contributions">https://das.iowa.gov/RIC/PSE/contributions</a> ).									
457 Payroll Deduction Election	Provider	Al	G	Empower*		Horace Mann		Voya		
	Deduction amount & taxation	Pretax \$	/check	Pretax \$		Pretax \$	/check	Pretax \$		/check
		Roth \$	/check	Roth \$	/check	Roth \$	/check	Roth \$		/check
		☐ Stop deductio	Stop deductions		☐ Stop deductions		Stop deductions		☐ Stop deductions	
	Effective date: Changes affect the 1st available check of the month following receipt of this form unless a future effective date is indicated.									
	Future effective date (if desired) 🔲 Beg			n as of			Fir			
Provider Transfer Request Account must be established with receiving provider.	Transfer: 100% Amount \$			Make check payable to:						
				payable to.	FBO: Participant, Plan #:					
	From: To:  AIG AIG			Mail to:						
	☐ Empower* ☐ Empower*		wan to.							
	☐ Horace Mann ☐ Horace Mann ☐ Voya ☐ Voya			RIC administrator	v					
				signature:	^	Date				
Participant Signature	I authorize my employer to process these requests. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.  X  Participant Signature									
	Provider account forms: Forward to the provider									
Form Submission	New accounts:  RIC Account Form: Forward to your payroll office and fax a copy to RIC at (515) 281-5102									
	Existing account changes: RIC Account Form: Forward to your payroll office and fax a copy to RIC at (515) 281-5102									
Agent Use Online I am authorized to	• .		e and verify that	the participa	nt has established 45	7/401a accou	ınts with the provide	r shown belo	ow.	
Print Agent Name	Print Agent Name Age			Agent Signature			Phone Number		Date	
Received by RIC			Payroll Office				RIC Use Only			
			Date Received:			Date	Date Pended:			
			Paycheck Effective Date:			Ente	Entered:			
			Name:			Chec	Checked:			

• Empower - Formerly MassMutual Retirement

and plan options specific to your employer's 457/401a plans.



Visit the RIC website at <a href="https://das.iowa.gov/RIC/PSE">https://das.iowa.gov/RIC/PSE</a> for full program details; select Your Plan Details from the left menu to access the RIC At-A-Glance

